

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 23 APRIL 2013

**ROOM C1, FIRST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE
CRESCENT, LONDON, E14 2BG**

Members Present:

Councillor Rachael Saunders (Chair)

Councillor Denise Jones (Vice-Chair)

Councillor Dr. Emma Jones

Councillor M. A. Mukit MBE

Councillor Lesley Pavitt

Other Councillors Present:

Nil

Co-opted Members Present:

David Burbridge – Healthwatch Tower Hamlets Representative

Guests Present:

Dianne Barham – (Director of Healthwatch Tower Hamlets)

Jean Taylor – (Local Resident)

Officers Present:

Sarah Barr – (Senior Strategy Policy and Performance Officer,
One Tower Hamlets, Chief Executive's)

Tahir Alam – (Policy, Strategy & Performance Officer)

Frances Jones – (Service Manager One Tower Hamlets, Chief
Executive's)

Afazul Hoque – (Senior Strategy Policy & Performance Officer,
One Tower Hamlets, Chief Executive's)

Deborah Cohen – (Service Head, Commissioning and Health,
Education, Social Care and Wellbeing)

Dr Somen Banerjee – (Interim Director of Public Health)

Alan Ingram – (Democratic Services)

COUNCILLOR RACHAEL SAUNDERS (CHAIR), IN THE CHAIR

1. APOLOGIES FOR ABSENCE

There were no apologies for absence.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST

No declarations of Disclosable Pecuniary Interest were made.

3. UNRESTRICTED MINUTES

RESOLVED that the unrestricted minutes of the meeting of the Panel held on 22 January 2013 be agreed as a correct record of the proceedings.

4. REPORTS FOR CONSIDERATION

4.1 Diabetes Alliance

At the request of the Chair, Dr Somen Banerjee, Interim Director of Public Health, made a verbal presentation relating to the incidence of diabetes in the Borough population and how this might be addressed. He gave details of the proposed Diabetes Summit that was being organised for 22 May 2013, as a Quickstart project of the Health and Wellbeing Board, with the aim of establishing a Diabetes Alliance across the Borough. He made the point that diabetes treatment was not just a matter for the NHS but involved all partnerships in the Borough.

During the presentation, Dr Banerjee commented that:

- Type 2 diabetes was preventable if a life-course approach were adopted.
- Gestational (pre-birth) diabetes was prevalent in the Borough and resulted in increased health risks to mother and child.
- The single biggest key risk factor in developing diabetes was obesity, of which there were high levels in the Borough from age five and through school age.
- About 20,000 people in the Borough aged 25 – 40 years had a one in five chance of developing the condition in the next 10 years. Individuals could address this through physical activity and care with diet.
- Diabetes sufferers of 40+ years might yet need to be diagnosed. It was felt that up to 3,000 – 4,000 such persons in the Borough could be undiagnosed.
- A key measure in treatment was a patient focused care package.
- He would seek to stress the wider approach that should be taken by all service providers, at the Diabetes Summit, when a wide range of services would be represented.

The Chair then invited questions from those present and Dr Banerjee responded that:

- The ratio of diagnosed to undiagnosed cases was better in Tower Hamlets than in neighbouring Boroughs.
- Retinal screening coverage was lower in the Borough than the national average.
- The rate of diabetes hospital admissions was falling in Tower Hamlets and this might be attributed to improvements in primary care outcomes.
- South Asians had a higher susceptibility to diabetes in general and this applied globally. This was further associated with socio-economic deprivation generally in the Bangladeshi community in the Borough. There were further links to dietary and physical activity factors. Self management programmes were being developed that were tailored specifically to the Bangladeshi community, taking account of cultural factors.
- Preventative interventions such as the health trainers' programme were targeted towards those in greatest need. However, parts of the Borough also had high incidences of cardio-vascular problems and diabetes in the white population.
- There was probably a tendency towards late diagnosis of diabetes but this was no worse in the Borough than elsewhere. However, the rationale behind the Diabetes Summit was to raise awareness in the community as sometimes symptoms were difficult to assess.
- Diabetes was a huge problem in the Borough and there was a great need to integrate health messages along the individual's life course, linking in to cancer and cardio-vascular issues.

The Chair thanked Dr Banerjee for his presentation.

4.2 Healthwatch Tower Hamlets Update

At the request of the Chair, Ms Dianne Barham, Director of Healthwatch Tower Hamlets, made a verbal presentation on the functions to be undertaken by Healthwatch as a new consumer champion on health and social care, indicating that:

- The views of local people would be obtained about their needs and experiences of local care services and present such views to those involved in the commissioning, provision and scrutiny of services.
- It was intended to work closely with the voluntary sector and reach all groups.
- There would be a significant role in helping people find their way through the system and make informed choices.
- One platform would be provided based on patient-focused, rather than provider-focused, services. People should also have the opportunity to rate how the service was provided.
- There would be liaison with the Health and Wellbeing Board (HWB) and Clinical Commissioning Group (CCG) to seek more comments from the community.
- A broader and stronger group of community leaders to examine how better to provide services relating to maternity; young people; long-term health conditions; mental health; the Bangladeshi community.

- There would be a launch in June 2013, with a more high profile approach than had been adopted by THINK, and a clear relationship established regarding the respective roles of Healthwatch, HWB and the Health Scrutiny Panel.

The Chair stated that the HWB would represent the Executive, decision-making process and a workshop would be useful to ensure roles were clarified. This would also be helped by holding public meetings. She then invited questions from those present, to which Ms Barham responded that:

- A Board was being recruited that could run the business side of Healthwatch but still provide a good sounding-board for the local community. This was still in the development process and might involve paid posts.
- In order to make HWB available to everyone, a regular slot was being sought in east End Life and there would be quarterly open meetings of the Board to fully engage with and discuss issues and experiences raised by the community.
- In order to accommodate whistle-blowers, people would be able to refer issues to Healthwatch anonymously.

The Chair commented that local councillors would form a resource, with officers and other health partners and a broad conversation was needed across the voluntary sector in Tower Hamlets to effect change. She then thanked Ms Barham for her presentation.

4.3 Clinical Commissioning Group

At the request of the Chair, Ms Jane Milligan, Chief Officer, Tower Hamlets Clinical Commissioning Group, presented a verbal presentation, stating that:

- As from 1 April 2013, Tower Hamlets PCT had been dissolved and replaced by a number of organisations, of which the CCG comprised one, with responsibility for commissioning hospital and community care.
- The CCG was now statutorily organised and must consider how to progress business over the next six months to a year.
- The CCG had a commitment to champion health care for the Borough and would be assisted by a much more clinical leadership.
- Work had been undertaken on the transfer of functions from the PCT to CCG over the last 18 month/two years and some elements were still being put in place. From April, the Governing Body would meet in public every alternate month and would publicise its meetings in the press.
- There had been close working with the HWB to develop strategies and refine areas that still needed work and an easy-to-read prospectus was being developed relating to the commissioning plan. It was likely that the prospectus could be provided for the next Health Scrutiny Panel meeting.
- Work was ongoing on the integration of information systems and it was expected this would be delivered over the next six months.

- The clinical interface with Barts Health was progressing and there had been robust discussions in connection with improvements to cancer groups.
- There would still be financial provision in the current year to allow investment in new areas, such as integrated care, preventative measures and how to support people in looking after themselves. However, as for the Council, the financial envelope would reduce in future years.
- It was accepted that there should be a 'no surprises' policy, with advance knowledge being made of any proposals involving, for example, the decommissioning or relocation of services. The earlier that patient consultation could be undertaken, the better.

In regard to requests made by the Panel, **Ms Milligan undertook:**

- (1) to circulate dates of CCG Board meetings to the next Health Scrutiny Panel meeting;
- (2) to provide a breakdown of the sum of approximately £473m spent on Tower Hamlets health care (as mentioned by Deborah Cohen as being some £340m to the CCG; £32m to the Public Health Service; £45m each for primary care and specialist health care services).
- (3) to provide details of which GP surgeries had been open on evenings and Saturdays but now were not.
- (4) to provide information about future plans and any other changes in service provision.

The Chair thanked Ms Milligan for her presentation.

4.4 Health Scrutiny Review - Community Assets Report

The Chair introduced the report summarising the findings of the Scrutiny Review on Community Health Assets for the Health Scrutiny Panel, which highlighted a number of recommendations to be put before Overview and Scrutiny Committee for their consideration and referral on to Cabinet for agreement. She commented that a revised copy of the report had been circulated at the meeting.

The Chair indicated that the review had taken place in the St Paul's way area and assets had been found to be significantly faith-based. The report recommendations were aimed at linking housing issues with social behaviour, health and wellbeing and how to tackle poverty. Faith organisations could act as translators and facilitators for local groups to contribute to promoting health and welfare.

After discussion, the Panel –

RESOLVED

That the report of the Scrutiny Review of Community Health Assets be submitted to the Overview and Scrutiny Committee for their consideration and referral to Cabinet.

4.5 Health Scrutiny Review - Healthy Borough Programme Report

The Chair introduced the report summarising the findings of the Scrutiny Review on the Healthy Borough Programme for the Health Scrutiny Panel, which highlighted a number of recommendations to be put before Overview and Scrutiny Committee for their consideration and referral on to Cabinet for agreement. She commented that a revised copy of the report had been circulated at the meeting.

The Chair added that the report recommendations reflected awareness that the Borough was an area of high deprivation and there was a need to encourage progress among the Council's partners. It was necessary to point out the links between what people were currently eating and their future health and to ensure that Public Health could achieve the greatest possible impact.

After discussion, the Panel –

RESOLVED

That the report of the Scrutiny Review on the Healthy Borough Programme be submitted to the Overview and Scrutiny Committee for their consideration and referral to Cabinet.

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

5.1 Seminar for Health Scrutiny Councillors

Ms Sarah Barr, Senior Strategy, Policy and Performance Officer, reported that a seminar for Health Scrutiny Councillors across London was to be held on Tuesday 30 April 2013 at 6.00 p.m. to offer bespoke training to enable Members to scrutinise Barts Health services effectively. This would involve designing proper questioning methods to be able to monitor services. A meeting of the JOSOC would also be held on that evening.

In response to queries, the Chair stated that Ms Dianne Barham and Mr David Burbridge would be able to attend the JOSOC meeting also. She added that she would take up the matter of the lack of appropriate provision of JOSOC meetings.

The meeting ended at 8.30 p.m.

Chair, Councillor Rachael Saunders
Health Scrutiny Panel